

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/756481**

FILING DATE **01-08-01**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		2		2		
4		2		2		
5	/					
6		/				
7		/				
8	/					
9		/				
10		/				
11	/					
12		/				
13		/				
14	/					
15		/				
16		/				
17	/					
18		/				
19		/				
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21	/					
22	/					
23		/				
24	/					
25		/				
26		/				
27		/				
28		/				
29		/				
30		/				
31		/				
32		/				
33		/				
34		/				
35		/				
36		/				
37		/				
38		/				
39		/				
40		/				
41		/				
42	/					
43		/				
44		2		2		
45		2		2		
46	/					
47		/				
48		/				
49	/					
50		/				
TOTAL IND.	20		14			
TOTAL DEP.	76		14			
TOTAL CLAIMS	96		28			

	* IND.		* DEP.		* IND.		* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/				
52	/							
53		/						
54		/						
55	/							
56		/						
57		/						
58	/							
59		/						
60		/						
61	/							
62	/							
63	/							
64		/						
65		2		2				
66	/							
67		/						
68		2(1)		2(1)				
69		2(1)		2(1)				
70		2(1)		2(1)				
71		2(1)		2(1)				
72		2(1)		2(1)				
73		2(1)		2(1)				
74		2(1)		2(1)				
75		2(1)		2(1)				
76		2(1)		2(1)				
77		2(1)		2(1)				
78		2(1)		2(1)				
79		2(1)		2(1)				
80		2(1)		2(1)				
81		2(1)		2(1)				
82		2(1)		2(1)				
83		2(1)		2(1)				
84		2(1)		2(1)				
85		2(1)		2(1)				
86		2(1)		2(1)				
87		2(1)		2(1)				
88		2(1)		2(1)				
89		2(1)		2(1)				
90		2(1)		2(1)				
91		2(1)		2(1)				
92		2(1)		2(1)				
93		2(1)		2(1)				
94		2(1)		2(1)				
95		2(1)		2(1)				
96		2(1)		2(1)				
97		2(1)		2(1)				
98		2(1)		2(1)				
99		2(1)		2(1)				
100		2(1)		2(1)				
TOTAL IND.	20							
TOTAL DEP.	67							
TOTAL CLAIMS	87							

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS